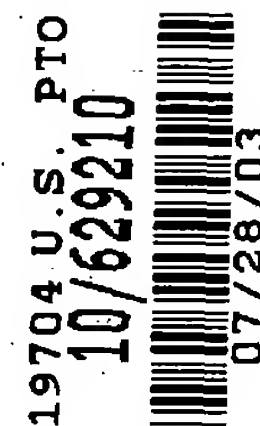




Attorney Docket No.27556  
Express Mail No. EV164738437US

UNITED STATES PATENT AND TRADEMARK OFFICE



In Re Application of: Brady et al.

Group Art Unit: Unknown

Serial No: To Be Assigned Herewith

Examiner: Unknown

Filed: July 28, 2003

For: PRIMARY AND SUPPLEMENTAL  
INTRAOCULAR LENS SYSTEM

Mail Stop: Patent Application  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventors: Daniel G. Brady and Paul Rockley

For: PRIMARY AND SUPPLEMENTAL INTRAOCULAR LENS SYSTEM

1. TYPE OF APPLICATION

This new application is for a

- ☒ Original
- ☐ Divisional
- ☐ Continuation
- ☐ Continuation-In-Part (CIP)
- ☐ Provisional

2. PAPERS ENCLOSED WHICH ARE REQUIRED FOR FILING DATE UNDER 37  
CFR 1.53(B) (REGULAR) OR 37 CFR 1.153 (DESIGN) APPLICATION

- 10 Pages of specification
- 4 Pages of claims
- 1 Pages of Abstract
- 2 Sheets of Drawing
  - ☒ formal

☐ informal

**3. ADDITIONAL PAPERS ENCLOSED**

- ☒ Assignment  
☒ Recordation Cover Sheet  
☒ Declaration for Patent Application  
☐ Associate Power of Attorney  
☐ Other \_\_\_\_\_

**4. ASSIGNMENT**

- ☒ An assignment of the invention to: Advanced Medical Optics, Inc.  
 (Copy enclosed)

**5. FEE CALCULATION (37 CFR 1.16)**

**CLAIMS AS FILED**

Number Filed	Number Extra	Rate	Basic Fee	\$750.00
--------------	--------------	------	-----------	----------

Total					
Claims	30-20 =	10	X \$18.00	\$0.00	\$180.00

Independent					
Claims	3-3 =	0	X \$0.00	\$0.00	\$ 0.00

Multiple dependent claim(s), if any		\$0.00
--	--	--------

- ☐ Amendment canceling extra claims enclosed.  
☐ Amendment deleting multiple dependencies enclosed.  
☐ Fee for extra claims is not being paid at this time.

Fee Calculation	<u>\$930.00</u>
-----------------	-----------------

**6. FEE PAYMENT BEING MADE AT THIS TIME**

<input checked="" type="checkbox"/> basic filing fee	\$ <u>930.00</u>
--	------------------

<input type="checkbox"/> recording assignment	\$ <u>40.00</u>
---	-----------------

Total Fees	<u>\$970.00</u>
------------	-----------------

**7. METHOD OF PAYMENT OF FEES**

A check in the amount of \$ \_\_\_\_\_ is enclosed.

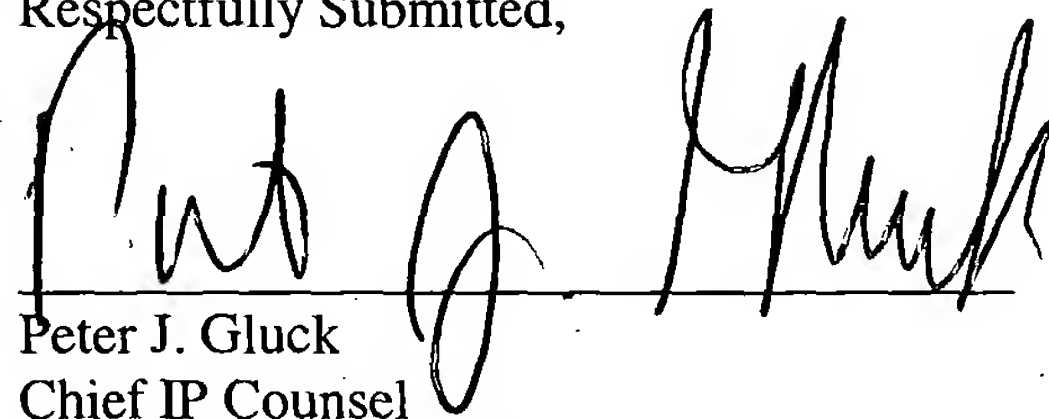
Charge Account No. **502317** in the amount of \$ 970.00.

A duplicate of this transmittal is attached.

**9. AUTHORIZATION TO CHARGE ADDITIONAL FEES**

Commissioner is hereby authorized to charge any following additional fees by this paper and during the entire pendency of this application to Account No. 502317.


Respectfully Submitted,



Peter J. Gluck  
Chief IP Counsel  
Registration No. 38,022  
Customer No. 33357  
Advanced Medical Optics, Inc.  
1700 E. St. Andrew Place  
P.O. Box 25162  
Santa Ana, California 92799-5162  
(714) 247-8517

**CERTIFICATE OF MAILING**

I HEREBY CERTIFY THAT THIS TRANSMITTAL IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE FOR EXPRESS MAIL, WITH EXPRESS MAIL NUMBER EV164738437US, IN AN ENVELOPE ADDRESSED TO: MAIL STOP: PATENT APPLICATION, COMMISSIONER OF PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

Signature:  Date: 7-28-03  
Depositor's Name: Mary Champion